

**FICER'S BATTERY REPORT**  
**CHAGO POLICE DEPARTMENT**

RD NO.

**JA330884**

**STRUCTIONS:** This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

**"X APPLICABLE BOXES"**

<b>OFFICER INFORMATION</b>		<b>INCIDENT INFORMATION</b>	
NAME (LAST - FIRST - M.I.) <b>COJOCNEAN, DAN M</b>		1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR	
AR NO. <b>15003</b>	POSITION <b>POLICE OFFICER</b>	ADDRESS OF OCCURRENCE <b>2237 S KOSTNER AVE</b>	
DATE OF APPOINTMENT <b>02-FEB-2015</b>	EMPLOYEE NO. [REDACTED]	CITY <b>CHICAGO</b>	STATE (If outside Chicago)
UNIT OF ASSIGNMENT <b>010</b>	BEAT/CALL NO. <b>1065B</b>	LOCATION CODE <b>291-RESIDENTIAL YARD (FRONT/BAC</b>	BEAT OF OCCURRENCE <b>1013</b>
SEX 1. M    2. F	RACE <b>WHITE</b>	DATE OF OCCURRENCE <b>01-JUL-2017</b>	TIME <b>22:51:00</b>
EIGHT	WEIGHT <b>511</b>	DAY OF WEEK <b>SATURDAY</b>	
NO. OF OFFICERS BATTERED <u>1</u>			
WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES    2. <input type="checkbox"/> NO			
IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? <u>5</u>			
<b>TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED</b>			
1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____		WORKING: <input type="checkbox"/> A. ALONE <input type="checkbox"/> B. WITH ONE PARTNER <input checked="" type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? <u>2</u>	
C. CITIZEN'S DRESS D. TACTICAL E. B.I.S. UNIT F. SPECIAL EMPLOYMENT G. OTHER _____		PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHFR	
<b>TYPE OF ACTIVITY</b>			
A. AMBUSH -NO WARNING B. TRAFFIC STOP/PURSUIT C. INVESTIGATING SUSPICIOUS PERSON D. DISTURBANCE - DOMESTIC E. DISTURBANCE - MENTAL PATIENT F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER G. DISTURBANCE - OTHER		B. VEHICLE 1. OFFICER STRUCK WITH VEHICLE 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE	
<input checked="" type="checkbox"/> H. MAN WITH A GUN I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____		C. KNIFE/OTHER CUTTING INSTRUMENT      D. BLUNT INSTRUMENT	
J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____		FIREARM USE INFORMATION (Check all that apply): <input checked="" type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	
<b>OFFENDER INFORMATION</b>			
SEX <b>X 1. M</b>	RACE <b>BLACK</b>	DOB <b>27-AUG-1980</b>	
CB NO. _____		IR NO. _____	
<b>TYPE OF INJURY TO OFFICER</b>		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? GANG RELATED?	
A. FATAL B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE		<input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN	
<b>LIGHTING CONDITIONS AT INCIDENT</b>		<b>WEATHER CONDITIONS</b>	
A. DAYLIGHT <input checked="" type="checkbox"/> B. NIGHT C. DAWN	D. DUSK E. ARTIFICIAL LIGHT 1. POOR 2. GOOD	A. CLEAR <input checked="" type="checkbox"/> B. RAIN C. SNOW	D. FOG / SMOKE / HAZE E. SLEET / HAIL F. SEVERE CROSS WIND
G. OTHER			
APPROXIMATE OUTDOOR TEMPERATURE: <u>75 °F</u>			

REPORTING MEMBER - SIGNATURE  
COJOCNEAN, DAN M

STAR NO.  
15003

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.  
O DONNELL, JAMES C

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